

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046318

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

77 3016 506
FILED JAN 4 1963

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Maries	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Mo.		c. CITY OR TOWN Vienna, Mo.	
Length of stay in 1b 5 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital		d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last William Columbus Parker		4. DATE OF DEATH Month Day Year Dec. 30, 1962.	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/18/1898
9. AGE (last birthday) 64		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. 11 12	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Prison Guard		10b. KIND OF BUSINESS OR INDUSTRY RETIRED	
11. BIRTHPLACE (City and state or country) Vienna, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Columbus Parker		13b. MOTHER'S MAIDEN NAME Arizona Parker	
14. NAME OF HUSBAND OR WIFE Lucille Parker		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.	
16. SOCIAL SECURITY NO. 1		17. INFORMANT Mrs Lucille Parker, Vienna, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular hemorrhage, 24 hrs. Marked, with Left hemiplegia, 4 hrs. Myocardial disease with decompensation + fibrillation DUE TO (b) 4 hrs. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 24 hrs. 4 hrs.	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Month, Day, Year 7-17-1957, 12-30-62	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home; farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Vienna, Mo.		COUNTY STATE	
21. I attended the deceased from 7-17-1957, 12-30-62 and last saw him alive on 12-30-62 Death occurred at 5:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED 12-31-62	
23a. SIGNATURE W. C. Birmingham		23b. ADDRESS Jefferson City, Mo.	
23c. NAME OF CEMETERY OR CREMATORY Vienna Cemetery		23d. LOCATION (City, town or county) (State) Vienna, Mo.	
24. FUNERAL DIRECTOR W. C. Birmingham		25. DATE RECD. BY LOCAL REG. January 1963	
26. REGISTRAR'S SIGNATURE R. H. Richter, Reg.			

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1963 FEB 6 1 40 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

W. B. Birmingham

Licensed Embalmer No.

3664

P. O. Address

Vienna Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.